

Claims Submission

Each Medicaid-certified provider is responsible for the truthfulness, accuracy, timeliness, and completeness of claims whether billing Wisconsin Medicaid themselves or through a billing service.

Providers using a billing service should provide Wisconsin Medicaid instructions to the billing service. Always provide the billing service an accurate list of the hours and dates of service provided. Each Medicaid-certified provider is responsible for the truthfulness, accuracy, timeliness, and completeness of claims whether billing Wisconsin Medicaid themselves or through a billing service, according to HFS 106.02(9)(e), Wis. Admin. Code. Claims may be submitted on paper or electronically.

Paper Claims

Personal Care Services

Providers are required to use the UB-92 claim form when submitting paper claims to Wisconsin Medicaid. Personal care claims submitted on paper claim forms other than the UB-92 will be denied. Refer to appendices 2 and 3 of this section for UB-92 completion instructions and for an example of a UB-92 claim form.

Disposable Medical Supplies

Disposable medical supplies (DMS) provided by personal care providers must be billed on the HCFA 1500 claim form using the HCFA Common Procedure Coding System. Wisconsin Medicaid provides the DMS Index to all Medicaid-certified personal care providers. Refer to the DMS Index for procedure codes and coverage limitations. Wisconsin Medicaid denies DMS claims that are submitted on any form other than the HCFA 1500 claim form. Refer to appendices 5 and 6 for HCFA 1500 completion instructions for DMS and for an example of a HCFA 1500 claim form for DMS.

Obtaining UB-92 and HCFA 1500 Forms

Wisconsin Medicaid does not supply the UB-92 or HCFA 1500 claim forms. They may be obtained from a number of commercial form

suppliers. One such source is the Standard Register, which can be contacted at:

Standard Register
P.O. Box 6248
Madison, WI 53716
(608) 222-4131

Submitting Claims

Completed UB-92 and HCFA 1500 claim forms should be mailed to:

Wisconsin Medicaid
6406 Bridge Road
Madison, WI 53784-0002

Electronic Claim Forms

Both the UB-92 and HCFA 1500 claim forms are available in electronic formats. Wisconsin Medicaid provides free software for billing claims electronically. If you currently use the free PACE or EZ-Link electronic billing software and have technical questions, please contact the United Wisconsin Proservices, Inc. customer service desk at (800) 822-8050.

For policy questions, contact Provider Services at (800) 947-9627 or (608) 221-9883. For data entry questions within the software, contact the Electronic Media Claims (EMC) unit at (608) 221-4746, Ext. 3037 or 3041.

Electronic claim submission eliminates manual handling of claims, reducing errors and allowing faster turn-around time. As with paper claims, electronically submitted claims can be processed and paid correctly only if all data supplied is accurate and complete. Providers are responsible for the accuracy of all data submitted via electronic claims.

For more information on electronic claims, refer to the All-Provider Handbook, or contact

the Electronic Media Claims (EMC) department at:

EMC Department
Wisconsin Medicaid
6406 Bridge Road
Madison, WI 53784-0009
(608) 221-4746, Ext. 3037 or 3041

Follow-up to Claim Submission

Providers are responsible for initiating follow-up procedures on claims submitted to Wisconsin Medicaid, according to HFS 106.03(3)(b)2, Wis. Admin. Code.

Processed claims appear on the Remittance and Status Report either as paid, pending, or denied. Refer to Appendix 7 for a partial list of Explanation of Benefit codes (denial codes) and how to avoid common claim denials.

Wisconsin Medicaid takes no further action on a denied claim until the information is corrected and the provider resubmits the claim for processing. If a claim was paid incorrectly, the provider is responsible for submitting an adjustment request form to Wisconsin Medicaid. Refer to the All-Provider Handbook for detailed information about:

- The Remittance and Status Report.
- Adjustments to paid claims.
- Return of overpayments.
- Duplicate payments.
- Denied claims.
- Good Faith claims filing procedures.



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